Introduction

This provincial snapshot highlights priority child-related Sustainable Development Goals (SDG) indicators, based on national household surveys and other data sources. It complements the national SDG Baseline Report on Children in Indonesia produced by BAPPENAS and UNICEF, to support monitoring and evidence-informed policy making.

Gorontalo is a youthful province. Its 395,000 children represent 35 per cent of the total population. Two in three children live in rural areas. Increased strategic investments in children are required to fast-track achievement of the SDGs for the province.

GOAL 1 NO POVERTY

Some 88,000 children (22.3 per cent) were living below the official poverty line in 2015 (Rp 8,668 per person per day). Many more families are insecure and live on incomes that are only marginally higher. In addition, two in three children experienced deprivations in two or more non-income dimensions of poverty, with persistent disparities between urban and rural areas.1

<table>
<thead>
<tr>
<th>Per cent</th>
<th>Number</th>
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<tbody>
<tr>
<td>Population below national poverty line</td>
<td>18.3</td>
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<tr>
<td>Children &lt; 18 below national poverty line</td>
<td>22.3</td>
</tr>
<tr>
<td>Children &lt; 18 below twice the poverty line</td>
<td>63.0</td>
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GOAL 2 ZERO HUNGER

Adopting optimal feeding practices is fundamental to a child’s survival, growth and development. Only 26 per cent of infants were exclusively breastfed for the first six months of life, which is one of the lowest rates in the country.

The prevalence of malnutrition is relatively high, including among those in urban households. One in five newborns have a low birthweight, and 39 per cent of children under five were stunted (low height for their age) in 2013.
**GOAL 3  GOOD HEALTH AND WELL-BEING**

Despite progress, child mortality remains high. For every 1,000 live births, 26 newborn babies died in their first month of life and 78 before their fifth birthday.

A majority of women have access to delivery care, with 85 per cent of births occurring with assistance from a skilled attendant. However, there is scope to further improve the coverage of reproductive health services, including scaling up access to modern family planning methods.

Three-quarters of infants received the recommended three doses of DTP vaccine and 84 per cent were vaccinated against measles in 2015. Continued efforts are needed to reach and sustain high immunisation coverage in rural and urban areas.

**Geographic disparities in maternal and child health**

**GOAL 4  QUALITY EDUCATION**

Children’s school readiness can be improved through early childhood development programmes. The participation rate in organised learning among 6-year-olds was 96 per cent in 2015, though most pre-school children are already in primary school.

Gorontalo has achieved near-universal access to primary education. However, children from the poorest households are nearly four times less likely to complete secondary school compared with their most affluent peers.

Quality of education remains a key concern. Just a quarter of primary school children achieved the minimum national benchmark in reading and one in six in mathematics.

**Wealth disparities in school completion rates**
**GOAL 5  GENDER EQUALITY**

The practice of child marriage is declining. In Gorontalo, some 16 per cent of women aged 20–24 years were married or in union before the age of 18 in 2015. Levels of child marriage are much higher among girls from the poorest households.

No representative data are available on violence against girls and women at provincial level. Evidence from a national survey indicates, however, that such violence is widespread: 28 per cent of ever-partnered women and girls experienced physical, sexual and/or psychological violence by a current or former intimate partner.

**GOAL 6  CLEAN WATER AND SANITATION**

Achieving universal access to drinking water, sanitation and hygiene is crucial to further progress in health, education and poverty eradication. Four in 10 people used a basic sanitation facility at home in 2015, while 28 per cent practised open defecation. Half of schools have sex-separated toilet facilities. The coverage of improved drinking water sources is higher, both in households and schools.²

Disparities based on wealth and place of residence are pronounced, pointing to the importance of integrating equity considerations into policy and practice and expanding the community-based total sanitation programme.

**GOAL 16  PEACE, JUSTICE AND STRONG INSTITUTIONS**

Progress is ongoing in improving levels of birth registration. In 2015, seven in 10 children under 5 years of age had a birth certificate. There remain, however, large differences between urban and rural areas and based on households’ wealth status, due to financial and supply-side barriers.

Deprivation of liberty remains a common form of punishment for juvenile offenders, in violation of the principle that this should be a measure of last resort. In Gorontalo, only 4 per cent of all children in detention were unsentenced, which is significantly better than in most other provinces.

Little or no data is available on other child protection issues, such as violence against children and trafficking.
The scorecard summarises Gorontalo’s performance for a selection of SDG indicators compared to other provinces in the country. For each indicator, the graph shows Gorontalo’s average value as well as the provinces with the highest and the lowest data value.

On the right side of the scorecard Gorontalo’s rank for each indicator is shown, ranging from 1 for the highest performer to 34 for the lowest. Provinces are divided into four quartiles (blue for the highest ranking and red/orange for the lowest ranking provinces).

Notes
Sources: National household surveys (SUSENAS, RISKESDAS, IDHS) and administrative data (Ministry of Education and Culture, Ministry of Health).
Detailed information on data sources and indicator definitions is available online at: https://sdg4children.or.id
1 Multidimensional child poverty is defined as children who experience deprivations in at least two of the following dimensions: food and nutrition; health; education; housing; water and sanitation; and protection.
2 Indonesia does not yet have nationally representative data on water quality that can be used to calculate the SDG indicator on the use of safely managed drinking water services. Instead, a nationally-defined proxy measure is used to set a baseline for SDG 6.

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